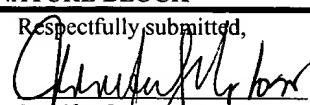
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2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721. <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input type="checkbox"/> Overpayment Credit.		<b>1. FILING/SEARCH/EXAM/SIZE FEES</b> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>300</td><td>Utility filing fee</td><td></td></tr> <tr><td>500</td><td>Utility search fee</td><td></td></tr> <tr><td>200</td><td>Utility exam fee</td><td></td></tr> <tr><td>250</td><td>Utility size fee (each add'l 50 pgs. over 100)</td><td></td></tr> <tr><td>200</td><td>Design filing fee</td><td></td></tr> <tr><td>100</td><td>Design search fee</td><td></td></tr> <tr><td>130</td><td>Design exam fee</td><td></td></tr> <tr><td>250</td><td>Design size fee (each add'l 50 pgs. over 100)</td><td></td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td></td> <td>x \$ 50.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td></td> <td>x \$200.00 =</td> <td></td> </tr> </tbody> </table> <p><input type="checkbox"/> Multiple Dependent Claim(s), if any      \$360.00 =  <b>TOTAL:</b></p> <p><b>SMALL ENTITY DISCOUNT:</b></p> <table border="1"> <tr> <td><b>SUBTOTAL (1)</b></td> <td><b>(\$)</b></td> <td><b>0.00</b></td> </tr> </table>		Large Entity		Fee Paid	Fee (\$)	Fee Description	300	Utility filing fee		500	Utility search fee		200	Utility exam fee		250	Utility size fee (each add'l 50 pgs. over 100)		200	Design filing fee		100	Design search fee		130	Design exam fee		250	Design size fee (each add'l 50 pgs. over 100)			Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =		x \$ 50.00 =		Independent Claims	- 3 =		x \$200.00 =		<b>SUBTOTAL (1)</b>	<b>(\$)</b>	<b>0.00</b>																																													
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Direct all correspondence to: Patent Administrator Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175		Respectfully submitted,  Jennifer G. Moltoso Attorney for the Applicants Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808																																																																																													



PATENT  
Attorney Docket No. MIT-103

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT(S): Kawasaki et al.

SERIAL NO.: 09/422,999 GROUP NO.: 1646

FILING DATE: October 22, 1999 EXAMINER: J. Murphy

TITLE: Genes Integrating Signal Transduction Pathways

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SUBMISSION OF PAPER COPY AND/OR COMPUTER-READABLE COPY  
OF SEQUENCE LISTING FOR INVENTION  
CONTAINING NUCLEOTIDE AND/OR AMINO ACID SEQUENCE**

Sir:

1.  This replies to the U.S. Patent and Trademark Office letter dated

A copy of the letter is enclosed.

2. Submitted herewith is/are

(check each item as applicable)

A.  a paper copy of the Sequence Listing for this application with each sequence assigned a separate identifier.

B.  a copy, in computer-readable form, of the Sequence Listing for this application.

Applicants respectfully request entry of the sequence listing submitted herewith to replace the sequence listing currently on file.

## STATEMENT

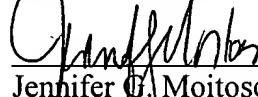
3. I hereby state that:

(complete applicable items A, B and/or C)

- A.  the content of the paper and computer readable copies submitted herewith are the same.
- B.  the content of the computer-readable copy submitted herewith is the same as that of the Sequence Listing submitted on October 22, 1999.
- C.  this submission includes no new matter.

Applicants believe no fee is required at this time. Nevertheless, if a fee is due, please debit deposit account No. 50-1721.

Respectfully submitted,

  
\_\_\_\_\_  
Jennifer G. Moitoso  
Attorney for Applicants  
Kirkpatrick & Lockhart  
Nicholson Graham, LLP  
75 State Street  
Boston, Massachusetts 02109

6-10-05

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O P E R A T I O N S C E N T E R

**TRANSMITTAL  
FORM**

JUN 09 2005

Application Serial Number	09/422,999
Filing Date	October 22, 1999
First Named Inventor	Kawasaki
Group Art Unit	1646
Examiner Name	J. Murphy
Attorney Docket No.	MIT-103
Patent No.	Not applicable
Issue Date	Not applicable

**ENCLOSURES (check all that apply)**

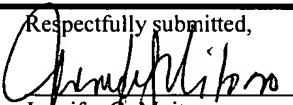
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Supplemental Executed	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)  <input type="checkbox"/> Status Inquiry  <input checked="" type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8  <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance  <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	
<input type="checkbox"/> Petition for Extension of Time		
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citation		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input checked="" type="checkbox"/> Sequence Listing submission <input checked="" type="checkbox"/> Paper Copy/CD <input checked="" type="checkbox"/> Computer Readable Copy <input checked="" type="checkbox"/> Statement verifying identity of above		

**CORRESPONDENCE ADDRESS**

Direct all correspondence to: Patent Administrator  
 Kirkpatrick & Lockhart Nicholson  
 Graham LLP  
 75 State Street  
 Boston, MA 02109-1808  
 Tel. No.: (617) 261-3100  
 Fax No.: (617) 261-3175

**SIGNATURE BLOCK**

Date: June 9, 2005  
 Reg. No. 51,752  
 Tel. No.: (617) 261-3285  
 Fax No.: (617) 261-3175

Respectfully submitted,  
  
 Jennifer G. Moitoso  
 Attorney for the Applicants  
 Kirkpatrick & Lockhart Nicholson  
 Graham LLP  
 75 State Street  
 Boston, MA 02109-1808